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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/964,475			ing Date 28/2001	To be Mailed	
APPLICATION AS FILED – PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY													
FOR NUMBER			JMBER FIL	LED NUM		MBER EXTRA	ER EXTRA		FEE (\$)		RATE (\$)	FEE (\$)	
\boxtimes	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A]	N/A	710	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
	ΓAL CLAIMS CFR 1.16(i))		23 minus 20 =		* 3			x \$ =		OR	X \$18 =	54	
	EPENDENT CLAIM CFR 1.16(h))	1S	8 minus 3 =		* 5			X \$ =		1	X \$80 =	400	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$29 addit 35 U.	If the specification and drawir sheets of paper, the applicati is \$250 (\$125 for small entity additional 50 sheets or fractic 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) * If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL	1164	
"					IOTAL		J	TOTAL	1104				
											ER THAN ALL ENTITY		
AMENDMENT	03/10/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 26	Minus	** 26		= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	* 13	Minus	***13		= 0		x \$ =		OR	X \$220=	0	
	Application S												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST (IBER OUSLY) FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
* lf	the entry in column	1 is less than the ϵ	entry in col	umn 2. w	rite "0" in	column 3.	. '	TOTAL ADD'L FEE	o twi i mar a sa t sa	OR	TOTAL ADD'L FEE		
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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